



REQUEST FOR DUPLICATE LICENSE

Alabama Board of Nursing

P.O. Box 303900

Montgomery, AL 36130-3900

Telephone: 334-242-4060 or 1-800-656-5318

FAX: 334-242-4360

Web Site: www.abn.alabama.gov Email: abn@abn.state.al.us

PROCESS YOUR REQUEST ONLINE AT www.abn.alabama.gov

THE FEE FOR A DUPLICATE LICENSE CARD IS \$25.00. FEES ARE NOT REFUNDABLE.

License Type: ☐ RN ☐ LPN

☐ Advanced Practice

License #: _____ Year Originally Licensed in Alabama: _____

Full Name: _____
Last First Middle Maiden

Current Address: _____

City: _____ State: _____ Zip Code: _____ Day Phone: _____

Nursing School Attended: _____ Graduation Date: _____

Reason for Request:

☐ License card was never received. (No fee is required.)

☐ License card was lost.

☐ License card was stolen.

☐ License card was destroyed by fire.

☐ Name on license card is being changed.*
Enter your name as you would like it to appear in the box to the right.

☐ Other: _____

Briefly explain: when (date), how (theft, fire, etc.), where (home, hospital, etc.), to whom it was reported (police, post office, etc.) where the card was lost, stolen, or destroyed.

- If you are requesting a new license card due to marriage, divorce, or legal name change, you must provide a copy of a marriage certificate, divorce decree, or other legal document authorizing the change.

I affirm that the information recorded on this form concerning any item contained herein is true and correct, and understand that I may be required to submit documentation to support my affirmation. I further understand that any false statement is in violation of the Code of Alabama and the Board of Nursing Administrative Code and constitutes cause for disciplinary action.

Signature

Date